**Membership form**

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|  | Please complete this form if you would like to be a member of My Life My Choice. |
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|  | As a member you will be able to get involved in MLMC projects and activities. |
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|  | Membership is free. |
|  | We will not give your information to anyone else. |
|  | For our Privacy Policy, please visit our website or call us on 01865 204214 and we will send you a copy in the post. |

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| --- | --- |
|   | **My Personal Information**My name is… |
|  | My address is… |
|  | My date of birth is (Day/Monday/Year)… |
|   | My telephone number is… |
|  | My email address is… |
|   | **Newsletters**Would you like us to send you our monthly newsletter by post?Please tick the box that suits what you want.  |
|   | Would you like us to send you email updates about MLMC?Please tick the box that suits what you want. |
|  |  |
|   | **Please return this form to:** My Life My Choice Unit 3, Watlington House Watlington RoadOxfordOX4 6NF |
|  | Or email it to:sophie@mylifemychoice.org.uk |